

**DEADLINE:**

Please return application &  
supplemental questionnaire in  
person or by U.S. Mail with a  
postmark on or before:

**4:30PM  
FRIDAY  
November 12, 2004**

City-County Employment Office

Your Telephone # \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY HEALTH SERVICES MANAGER**

**Health Department/Community Health Services**

**Req. #17149**

**SUPPLEMENTAL QUESTIONNAIRE**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

*Please allow 2 weeks from the closing date of this position before expecting  
to receive notice (one way or another) with regards to an interview.*

**PLEASE READ BEFORE COMPLETING:**

**The information** you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

**This questionnaire** is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

**CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.**

1. Indicate ("X") if you have college level course work or a degree in one of the following:

	<b><u>Bachelor's Degree</u></b>	<b><u>Master's Degree</u></b>
Public Health	_____	_____
Public Administration	_____	_____
Business Administration	_____	_____
Health Services Administration	_____	_____
Nursing	_____	_____
Related field	_____	_____
(specify) _____		

**(CONTINUED ON REVERSE)**

2. Do you have experience in an administrative or a supervisory capacity? YES \_\_\_\_ NO \_\_\_\_  
If yes, list your employer(s) and describe your experience.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have experience developing, implementing, and monitoring public health programs?  
YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience including the type of programs.

**Employer**

**Type of Program**

**How Long**

\_\_\_\_\_ yrs \_\_\_\_ mos

\_\_\_\_\_ yrs \_\_\_\_ mos

\_\_\_\_\_ yrs \_\_\_\_ mos

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have experience in the delivery of community public health services as a nurse, health educator, or health administrator that includes direct program management?  
YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience including types of programs.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(CONTINUED ON NEXT PAGE)

5. Do you have experience providing supervision of:

	<u>YES</u>	<u>NO</u>	<u>YRS/MOS</u>	<u>EMPLOYERS</u>
Section/Program Supervisors	_____	_____	_____/____	_____ _____
Professional Front-line Staff	_____	_____	_____/____	_____ _____
Clerical/Support Staff	_____	_____	_____/____	_____ _____

6. Have you had responsibility for:

	<u>YES</u>	<u>NO</u>	<u>YRS/MOS</u>	<u>EMPLOYERS</u>
Hiring/Interviewing	_____	_____	_____/____	_____ _____

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completing Performance Evaluations	_____	_____	_____/____	_____ _____
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Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Development and Training	_____	_____	_____/____	_____ _____
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Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON REVERSE)

	<u>YES</u>	<u>NO</u>	<u>YRS/MOS</u>	<u>EMPLOYERS</u>
Disciplinary Action	_____	_____	_____/____	_____
				_____

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public Health Policy Development	_____	_____	_____/____	_____
				_____

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you have experience working with local health departments and/or community based organizations? YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience including the types of organizations and your involvement with them.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you have experience directing and assuring the delivery of specific services to a culturally diverse client base? YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you have experience in consensus building with community stake-holders where diverse opinion and beliefs exist between people? YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and provide examples.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Example(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you have experience in budget development? YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience including the size of the budget.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you have experience working with multi-disciplinary and multi-divisional projects? YES \_\_\_\_ NO \_\_\_\_ If yes, list your employer(s) and describe your experience.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

***I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information:*** \_\_\_\_\_

*(Please initial)*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Maiden Name (if applicable)

(CONTINUED ON REVERSE)

**IMPORTANT – PLEASE NOTE POLICY BELOW:**

I understand that **ALL** convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been "*set aside*", "*probationed*" or "*pardoned*", **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

13. Have you listed on the application form ALL jobs and education described on this questionnaire?

YES \_\_\_\_ NO \_\_\_\_

**NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.**